

Qualifying Mid- Year Events

Event	Documentation	Health Insurance Changes	FSA/DCFSA Changes	Effective date
Birth/Adoption	Birth Certificate or birth letter. SSN not required BUT employee must call back to update it. Legal adoption form	Add child, legal spouse, enroll in policy for first time as employee. Change current policy	Enroll or increase FSA/ DCFSA	First day of the month the child is born or adopted
Death of Covered Family Member	Death Certificate	Remove dependent, change policy (typically only decrease, however, justifications to increase can be sent to the Office of Health Benefits for approval)	Enroll or unenroll, increase or decrease	First day of the month in which the dependent passes. If the employee is who has passed away the dependents are eligible for Survivor Coverage.
Dependent Care Cost or Coverage Change	Proof of change; Example: documentation that provider has closed or re-opened, bill stating the cost has increased or decrease	N/A	Increase or decrease DCFSA only	First of the month following when the form is received
Divorce	Official divorce decree *Legal separations do not meet the OHB guidelines to remove a spouse	Reduction in policy level, removal of dependents	Enrollment or decrease	First day of the month after the divorce has been legally finalized *FORMER SPOUSE MUST BE REMOVED FROM POLICY UPON DIVORCE*
Enrollment in Qualified Health Plan through the Marketplace	Document providing enrollment and effective date of coverage	Waive coverage	Waive	First day of the month in which the form is received
Gained Eligibility Under Medicare or Medicaid	Documentation from Medicare or Medicaid validating enrollment and effective date	Waive coverage, remove dependents	Increase or decrease FSA only	First of the month following when the form is received
Lost Eligibility Under Government Plan	Documentation from the Government group stating what date the coverage was lost	Enroll, add eligible dependents, change plan	N/A	First of the month following when the form is received
Move Effecting Eligibility	Our office will validate the change of address. If adding dependent from outside the USA, a valid VISA or I-94 is needed	Enroll or change plan, add eligible dependents, remove dependents	N/A	First of the month following when the form is received
Beginning Leave-Without-Pay (LWOP)	P4B	Waive coverage, remove dependents, continue current coverage, decrease coverage	Continue, reduce, or cancel	First day of the first full month of LWOP
Return from Leave-Without-Pay (LWOP)	P4B	Re-enroll, enroll dependents, change policy	Enroll or increase	First day of the first full month upon returning from LWOP
Employment Change: Full-time to Part-Time	Banner Status	If FTE is below .75 coverage at the current premium (EE+ER) will end. Can waive coverage or continue at full premium	Cancel	First of the month following the employment change
Employment Change: Part-Time to Full-Time	Banner Status	Enrollment in health insurance	Waive, enroll	First day of the first full month of full-time employment
HIPAA Special Enrollment (usually used when the employee loses	HIPAA Form or letter stating coverage has ended and the effective date from the employer or health insurance company	Enroll, add eligible dependents, change plan	Enroll	First of the month following when the form is received

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coverage under their parent's policy i.e. aging off, turning 26)				
Judgement, Decree, or Order to Add or Remove Child	A copy of the court order naming the child and the date the coverage is required to begin	Add or remove child listed on decree/order, increase policy level	Enroll in FSA only. No changes eligible to DCFSA	First of the month following when the form is received
Other Employer's Open Enrollment or Allowable Health Plan Change	Document from the other employer with effective date and the names of those being covered	Enroll or change plan, add eligible dependents, remove dependents, waive coverage	No changes to FSA. Enroll, decrease, or increase DCFSA	First of the month following when the form is received
Spouse or Child Gained Eligibility Under Employer Plan	Document from the other employer with the effective date and covered members	Waive coverage if the employee is now enrolled in the spouse's plan, remove dependents, change policy	Reduce, cancel FSA. Increase, reduce, or cancel DCFSA	First of the month following when the form is received
Spouse or Child Lost Eligibility Under Employer Plan	Document from the employer with the effective date and covered members who have lost coverage	Enroll, add eligible dependents, change plan	Enroll or increase FSA and DCFSA	First of the month following when the form is received